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<b>FEE AUTHORIZATION / AMENDMENT TRANSMITTAL</b>					Attorney's Docket No: 2623-B	
Serial No. 09/488,728	Filing Date January 20, 2000	Examiner D. Jiang	Group Art Unit 1646			
In Re Application of Anthony B. Troutt						
For METHODS OF TREATING ULCERATIVE COLITIS AND CROHN'S DISEASE USING IL-17 RECEPTOR PROTEINS (as amended)						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <input type="checkbox"/> One month of original due date (\$120.00) <input type="checkbox"/> Two months of original due date (\$450.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,020.00) <input type="checkbox"/> Four months of original due date (\$1,590.00) <input type="checkbox"/> Five months of original due date (\$2,160.00) <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. <input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
<b>CLAIMS AS AMENDED</b>						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims		Minus	=	0	x \$50	= \$ 0.00
Indep. Claims		Minus	=	0	x \$200	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$360
Total Additional Fee for this Amendment						\$ 0.00
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.						
<input checked="" type="checkbox"/> The following other fees are incurred by the accompanying papers. <input checked="" type="checkbox"/> Other: 130.00 for filing of Terminal Disclaimer <input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$1150.00. A duplicate copy of this petition is attached. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.						
Please Send Future Correspondence To:						
<b>22932</b> Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3106 (206) 265-7000						
 James E. Klahn Attorney/Agent for Applicant Registration No.: 38,207 Phone: (206) 265-7145 Date: August 9, 2005						

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## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is facsimile transmitted to the United States Patent and Trademark Office on the date listed below.

Aug 9, 2005 James E. Klahn  
Date Signature

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